

COVER PAGE

City of Escondido
City Clerk's Office

Please type or print in ink.

NAME OF FILER

(LAST)

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(MIDDLE)

GALLO

ED

2015 FEB 18 PM 3:31

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
15 APR - 6 PM 4:04

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF ESCONDIDO

Division, Board, Department, District, if applicable

COUNCIL

Your Position

COUNCIL MEMBER

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

SAN DIEGO ASSOCIATION OF GOVERNMENTS - ACT BORDERS COMMITTEE

Agency: NORTH COUNTY TRANSIT DISTRICT

Position: SAN DIEGO COUNTY WATER AUTHORITY

BOARD MEMBER

BOARD MEMBER

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County☐ County of☒ City of ESCONDIDO☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is ____/____/____, through December 31, 2014.

☐ Leaving Office: Date Left ____/____/____ (Check one)☐ The period covered is January 1, 2014, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

I have used all the information in this statement. I have read it and it is true and complete. I acknowledge that it is my responsibility to keep this statement current and complete. I acknowledge that I am subject to the laws of the State of California.

I certify under penalty of perjury that the foregoing is true and correct.

Date Signed

2-18-15

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
ESCONDIDO CHAMBER OF COMMERCE
 ADDRESS (Business Address Acceptable)
710 N. BROADWAY, ESCONDIDO, CA 92021
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS CHAMBER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/13/14</u>	<u>\$ 90-</u>	<u>INSTALLATION DINNER</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ELIZABETH WORTFORD
 ADDRESS (Business Address Acceptable)
PO Box 505-17, Delta Santa Fe CA 92007
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/26/14</u>	<u>\$ 125-</u>	<u>ROTARY FOUNDATION</u> <u>CONCERN OF CUISINE</u> <u>TICKET</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

ATTACHMENT TO CALIFORNIA FORM 700-ED GALLO

Los Angeles San Diego Rail Corridor Agency.

LOSSAN Rail Corridor Agency
600 South Main Street
Orange, CA 92868